STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY GEORGE DEUKMEJIAN, *Governor*

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814

April 27, 1989

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS

Letter No.: 89-30

Subject: Other Health Coverage

Reference: All County Welfare Directors Letter 88-92

As part of the Department's Other Health Coverage (OHC) cost avoidance conversion, in November 1988 a questionnaire was mailed to some 67,000 Medi-Cal recipients whose MEDS records contained post-payment recovery OHC codes. The recipients were asked to describe the scope of their insurance coverage. If the recipient indicated having a full coverage policy, the recipient's OHC code was changed from post-payment recovery to cost avoidance. The OHC code was deleted from the records of recipients who indicated that their insurance coverage had lapsed.

Of the 36,000 respondents: 11,000 indicated full coverage, 21,000 indicated no coverage, and 4,000 responded that they had less than full coverage health insurance. In April 1989, a follow-up questionnaire will be sent to current eligibles among the 31,000 recipients who did not respond to the first mailing. Enclosed for your information is a copy of the follow-up questionnaire.

Please direct any questions to Shar Schroepfer of the Health Insurance Unit at (916) 739-3275.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: April 27, 1990

State of California-Health and Welfare Agency
DEPARTMENT OF HEALTH SERVICES
Recovery Branch
P. O. Box 1287
Sacramento, CA 95806
Toll Free: 1-800-952-5294

GEORGE DEUKMEJIAN, Governo

MARCH 06, 1989

SECOND NOTICE! PLEASE REPLY WITHIN 10 DAYS.

COUNTY-ID	:
MEDS-ID	:
BIRTHDAY	:
OTHER-COV	:

Medi-Cal is expanding its program for using private health insurance. This means that if yo have private health insurance that covers most of the services covered by Medi-Cal, your medica provider must bill that insurance before billing Medi-Cal.

If you have private health insurance your Medi-Cal card will be coded to indicate this coverage Your provider of health care will know from this code to bill your private health insurance pla before billing Medi-Cal. If your private insurance company denies payment or pays only part o the bill, your provider may then bill Medi-Cal.

Having health insurance does not change your medi-cal eligibility. However, State and Federa laws require that Medi-Cal recipients report other health coverage to which they are entitlec Medi-Cal records show that you have health insurance coverage with the company(ies) listec Please answer the following questions.

1. Are you currently insured by the above named company(ies)?	Yes __ No __	Yes __ No __	Yes __ No __
If you are not insured, please state reason and expiration date if applicable.			
2. Does your health insurance cover: Hospital stays?	Yes __ No __	Yes __ No __	Yes __ No __
Hospital outpatient services such as lab work and physical therapy?	Yes __ No __	Yes __ No __	Yes __ No __
Doctor visits?	Yes __ No __	Yes __ No __	Yes __ No __
Drugs?	Yes __ No __	Yes __ No __	Yes __ No __
Is your policy a Medicare Supplement?	Yes __ No __	Yes __ No __	Yes __ No __

3. If you are currently covered with another health insurance company, please provide: a) company name, b) policy holder's name, c) policy holder's social security number, d) group or union number, e) policy number and f) insurance billing address if known.

Please complete and return this questionnaire in the enclosed postage paid envelope within ten days. Also, please write "OHC" on the lower lefthand corner of the envelope if you currently have private health insurance. Thank you.

Name of person completing this form: _____

Telephone number ( ) _____ Best time to call _____

SI NECESITA UD. MAS INFORMACION SOBRE ESTE FORMULARIO, POR FAVOR LLAME AL TELEFONO 1-800-952-5294 (7:30 a.m. - 4:30 p.m.). NO LE CUESTA NADA A UD. SE HABLA ESPANOL.